

### SUGGESTED LOCAL MEDICAL RELIEF PROGRAM\*

**Formulated by Committee on Poor Relief to Assist and Guide County Medical Societies in Negotiations with Relief Authorities**

In an effort to assist county medical societies in their negotiations with poor relief authorities relative to the inauguration of a local medical relief program under the provisions of the new State Poor Relief Act, the Committee on Poor Relief of the Ohio State Medical Association has formulated the accompanying skeleton outline of a suggested local medical relief program.

Obviously, the program offered is merely suggestive. No county medical society is obligated to accept it in whole or in part. It may be modified or expanded. If the suggested program is believed to be unworkable or impracticable in the light of local conditions, the county medical society should disregard it and formulate a program of its own liking.

The program suggested is believed to be adaptable to the average county. It may be used as the basis for negotiations with either county or city relief authorities or both. It is designed primarily to provide medical care for those receiving poor relief as defined in House Bill 675, known as the State Relief Act. However, with certain revisions, it could be used as the basis for a medical program for others receiving forms of public assistance, such as aid for aged, aid for dependent children, aid through WPA, etc.

Please note that the committee's suggested program does not specify the fees which should be paid to attending physicians. The fee schedule should be determined by each county medical society, taking into consideration local conditions and the fees charged in private practice.

The committee has tried to keep suggestions relative to routine procedure at a minimum. Elaboration of some of the administrative procedure might be undertaken.

County medical societies should bear in mind that poor relief funds are limited. It will take a reasonable amount of money to make the suggested or any other medical relief program function properly. This fact should be emphasized to relief authorities. But physicians should be made to realize that the program will fail if abuses on the part of relief clients or physicians are tolerated. Available funds will be rapidly depleted if physicians overcharge or render unnecessary or excessive services.

The Medical Advisory Committee, which is recommended, is an important factor in the program. The personnel of that committee should be men of experience, judgment, and courage. It can play an important part in checking abuses if it will function effectively.

Your committee believes that the program it has suggested is fair and reasonable from the standpoint of relief authorities as well as the medical profession. It suggests that each county medical society give the recommendations of the committee careful study and use them as the basis for negotiations with relief authorities if such recommendations meet with the approval of its membership.

If the enclosure is used by a county medical society, it should be retyped with the proper insertions and should be presented to relief authorities as a communication from the county medical society. Then conferences for the purpose of discussing the recommendations and arriving at an agreement should be held.

COMMITTEE ON POOR RELIEF,  
*Ohio State Medical Association.*

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\* Editor's Note.—This circular and its appended form is given place in CALIFORNIA AND WESTERN MEDICINE because it may have suggestive value to county medical societies when similar set-ups are under consideration in their respective districts.

### SAN DIEGO COUNTY HOSPITAL: RULES OF ADMISSION

#### 1. Residence.

A.—State. Patient must be a bona fide resident of the State of California:

1. A bona fide resident for this purpose is one who has lived continuously in the state for a period of three years with the intent to make it his home.

2. Who, during the three-year period aforementioned, has not received any public or private relief or support from friends, charitable organizations, or relatives other than legally responsible relatives; but time spent in a public institution or on parole therefrom shall not be counted in determining the matter of residence in this or another state.

3. Who has not lost his residence by remaining away from this state for an uninterrupted period of one year. Absence from the state for labor or other special or temporary purposes does not occasion loss of residence.

B.—County. Patient must be a resident of San Diego County:

1. A person who is a resident of California . . . is a lawful resident of the county . . . if he has resided therein continuously for one year immediately preceding his application for assistance. . . . Persons with no such one-year county residence in any county will be admitted to the San Diego County Hospital if San Diego County is the county wherein he was present for the longest time during the three-year period of establishment of state residence. Time spent in a public institution or on parole therefrom or in a private charitable institution shall not in any case be counted in determining the matter of county residence.

C.—Unless specifically provided to the contrary in the foregoing, the rules of Section 52 of the Political Code shall apply in determining residence:

1. Section 52. "Every person has, in law, a residence. In determining the place of residence the following rules are to be observed:

a. It is the place where one remains when not called elsewhere for labor or other special or temporary purpose, and to which he returns in seasons of repose:

b. There can only be one residence;

c. A residence cannot be lost until another is gained;

d. The residence of the father during his life, and after his death the residence of the mother, while she remains unmarried, is the residence of the unmarried minor child;

e. The residence of the husband is the residence of the wife;

f. The residence of an unmarried minor who has a parent living cannot be changed by either his own act or that of his guardian. (See note.)

g. The residence can be changed only by the union of act and intent.

(1) The legal guardian of a child who is eligible to, or receiving aid to dependent children, can change the residence of the child.

(2) Child declared free from custody of parents is a resident of the county from which the court order was issued.

#### 2. Indigency.

A.—Definition:

The word "indigent" includes: (1) A dependent poor person with no income, or (2) a person eligible to and receiving public relief, or (3) a person in need of hospital care with insufficient means to pay for his maintenance in a private hospital.

1. Insufficient means.

a. Minimum budget:

The accepted minimum budget covering the necessities of life is \$60 for the wage-earner and \$10 for each dependent.

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